STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012309	A. BUILDING: _____ B. WING _____	C 09/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF CARMEL	**11610 TECHNOLOGY DR CARMEL, IN 46032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00209217. This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on August 5, 2016. Complaint IN00209217 - Substantiated; no deficiencies related to allegations are cited. Survey date: September 15 & 16, 2016 Facility number: 012309 Provider number: 012309 AIM number: N/A Residential census: 47 Sample: 4 Crownpointe of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00209217. Quality Review was completed by 21662 on September 21, 2016.	R 000		